

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE

PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 441 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Albert A. Ager

Telephone: 803 - 750 - 1921

Address: 3000 Pine Shadow trail

Fax:

Cola, SC 29210

Other:

Email: Blue Chip Moving@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☒ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☒ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate Increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED

2009

PSC SC
DOCKETING DEPT.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 10-05-09

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is _____ . My certificate was revoked/
cancelled on _____ because _____

I am seeking reinstatement because _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Blue Chip Moving Company, LLC
3000 Pine Shadow trail
Street Address of Applicant

Columbia SC 29210
Mailing Address of Applicant if different from street address

803-201-9551
Phone

Aager86@yahoo / Bluechip moving
Email Address @ gmail

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

LLC
Albert A. Ager

4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☐ Interstate Only ☒ Both

5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

10-5-09 (Sting Operation by PSC)

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____ Year _____

Assets:

Cash	1,845
Receivables	
Real Estate	N/A
Buildings and Equipment (Net)	1,000 equipment
Motor Vehicles (Net)	4,000 personal truck
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	2,845
<u>Liabilities and Equity:</u>	
Accounts Payable	3680
Notes Payable	
Mortgages Payable	N/A
Equipment Obligations	N/A we rent
Accrued Salaries and Wages	N/A
Other Accrued Obligations	Insurance \$6,201
Other Liabilities	Insurance \$3,992
Total Liabilities	\$10,193
Capital Stock	N/A
Retained Earnings	N/A
Total Equity	N/A
Total Liabilities and Equity	\$10,193

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

See Attachment 1

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Statewide, until 01-01-10 then we will
request to do State to State moves.

BLUE CHIP MOVING COMPANY

SIMPLY THE BEST... BECAUSE WE MAKE MOVING SIMPLE!!!

RATES & SERVICES

We offer labor-only service moving which includes packing, unpacking, loading and unloading.

2 movers for \$70 per hour

3 movers for \$100 per hour

4 movers for \$130 per hour

5 movers for \$160 per hour

We also have a full time Nationwide Insurance Team

Home

Car

Life

Commercial

Check out our website or call 1-800-760-8408 24/7 for a quote today!!!

</html>

Your custom HTML
will appear here

(click to preview)

CALL FOR A FREE QUOTE TODAY!!!

DESCRIPTION OF EQUIPMENT

[illegible]

* Number of seats if passenger carrier or tonnage if freight carrier.



Chris Peterson
Agency Operator

Budget Truck Rental
408 Blossom Street
Columbia, South Carolina 29201
Tel: (803) 779-1212
Fax: (803) 765-2897
E-mail: budgetofcolumbia@yahoo.com


October 13, 2009
Long Term Rental Proposal:

Albert Ager
Blue Chip Moving, LLC

Alex

Thanks for your interest in Budget Truck Rental. Enclosed is the information you requested. Please let me know if I can provide any further information. We look forward to serving your truck rental needs. This proposal is based on a thirty day rental of a 24ft Truck from Budget Truck Rental. The rental rate would be based on a \$60 per day rate, \$300 weekly rate, and a rate of \$1,200 monthly and 0.16 per mile. This proposal is valid for 30 days past the current date.

Regards,


Chris Peterson
Agency Operator
Budget of Columbia

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Victoria Property and Casualty

Name of Motor Carrier

5915 Landersbrook Dr, Cleveland OH 44129

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 3917.00

Cargo Insurance \$ 2284.00

Limits Quoted (See Below:)

Limits 750,000 CSL

Limits 100,000

* Attach Certificate of Insurance if available.

Century Surety Company/III

Name of Insurance Company

465 Cleveland Ave Westerville OH 43082

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/6/09

Date

Maurice Williams/The Adams Agency, Inc.

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

Exhibit FWA

Blue Chip Moving Company
Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME

This 18th day of OCT, 20 09

[Signature]
Notary Public

Commission Expires 5/11/2010

[Signature]
Applicant's Signature

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Lexington

[Signature]
Applicant's Signature

I, Albert A. Ager, CEO
Name of Applicant's Representative Title

of Albert A. Ager,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 13th day of OCT, 2009

[Signature]
Notary Public

Commission Expires 5/11/2010

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

BLUE CHIP MOVING COMPANY LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 30th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
30th day of January, 2008.

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JAN 30 2008

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Blue Chip Moving Company *ll*

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

3000 Pine Shadow trail
Street Address

Columbia, SC
City

29210
Zip Code

3. The initial agent for service of process of the Limited Liability Company is

Albert A. Agar
Name

Albert A. Agar
Signature

and the street address in South Carolina for this initial agent for service of process is

3000 Pine Shadow trail
Street Address

Columbia, SC
City

29210
Zip Code

4. The name and address of each organizer is

(a) Albert A. Agar
Name

3000 Pine Shadow trail, Columbia
Street Address City

SC
State

29210
Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

080130-0014 FILED: 01/30/2008
BLUE CHIP MOVING COMPANY LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Blue Chip Moving Corp.
Name of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) ~~_____~~
Name _____
~~_____~~
Street Address _____ City _____
~~_____~~
State _____ Zip Code _____

(b) ~~_____~~
Name _____
~~_____~~
Street Address _____ City _____
~~_____~~
State _____ Zip Code _____

(c) _____
Name _____

Street Address _____ City _____

State _____ Zip Code _____

(d) _____
Name _____

Street Address _____ City _____

State _____ Zip Code _____

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

Blue Chip Moving Company llc
Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

[Signature] [Signature]

(Add Additional lines if necessary)

Date Jan 30, 2008

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

FAX TRANSMITTAL SHEET



Office of Regulatory Staff
PO Box 11263
Columbia, SC 29211

Date: 10/13/09

Deliver To: PSC

Company: DOCKETING Fax Number: 896-5799

Subject: _____

Number of Pages (including this cover sheet): _____

This Fax is From: **George Parker, Program Manager**
Transportation

(803) 737-0984 Voice
(803) 737-0815 Fax

☐ For Review ☐ Please Reply ☐ Urgent

Message / Comments:
